

U.S. Department of Justice  
United States Marshals Service

FILED  
IN CLERKS OFFICE

PROCESS RECEIPT AND RETURN

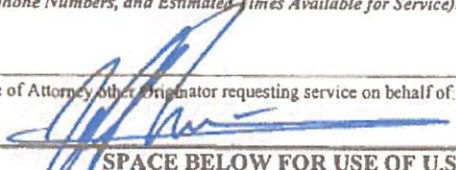
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF UNITED STATES OF AMERICA	2019 APR 18 AM 10:09	COURT CASE NUMBER 4:17-CV-40011
DEFENDANT DAVID L. TOPPIN, ET AL.	U.S. DISTRICT COURT DISTRICT OF MASS	TYPE OF PROCESS EXECUTION OF EVICTION ORDER
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN DAVID L. TOPPIN		
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 465 SALISBURY ST, HOLDEN, MA 01520		

SERVE  
AT

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Jeffrey Nuñez U.S. Department of Justice P.O. Box 55, Ben Franklin Station Washington, DC 20044	Number of process to be served with this Form 285 1
	Number of parties to be served in this case 1
	Check for service on U.S.A. n/a

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Signature of Attorney or other originator requesting service on behalf of: 	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 202-616-5218	DATE April 9, 2019
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process _____	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk _____	Date _____
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☒ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	Date 4/18/19	Time 0930	<input checked="" type="checkbox"/> am <input type="checkbox"/> pm
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Address (complete only different than shown above)	Signature of U.S. Marshal or Deputy Kwus4575
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Service Fee 0	Total Mileage Charges (including endeavors) 0	Forwarding Fee 0	Total Charges 0	Advance Deposits _____	Amount owed to U.S. Marshal* or (Amount of Refund*) _____
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REMARKS

Returned, unexecuted.  
Canceled by AVSA  
Subject vacated residence